

MONTHLY SAFETY REPORT

Squadron	Charter Number RMR-CO-	Group
Safety Officer		Date

ITEM #	SAFETY ITEM

Please indicate the numbers of the following forms your unit completed in the last reporting period and whether or not you have the applicable regulations on hand. This will help us to ensure we are following up on all reports and help us to assist you in obtaining all necessary documents for your safety program.

CAPF 78	CAPF 79	CAPF 26*	FAA 8740*	Regulations	SE Survey

Accidents/Incidents	State Compensation*	Other

* Please include copies if applicable.